

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Expired Pharmacy Technician Renewal

Your pharmacy technician license has expired. You may renew your license by completing this document in its entirety and submitting it with the renewal fee of \$75.00 along with the required documentation listed below. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any question below send a signed detailed statement regarding the response with your renewal form. Any arrests require all police records and court documents as well as documentation of completion of anything the court ordered.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

#### Additional Documentation needed

Please submit one of the following:

- A valid PTCB or ExCPT certification mailed in with renewal
- Proof of completion of a board approved pharmacy technician program (must be recent or if you are being employed with the same place you were previously trained – the Pharmacist must make a statement to the fact that he/she feels you are up to date with the technician practice)
- Signed narrative of work experience since your expiration date (must show you have been working as a technician in another state)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy please email [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or call 317-234-2067.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date